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“Constants” and “Contrasts”

Managing female inmates

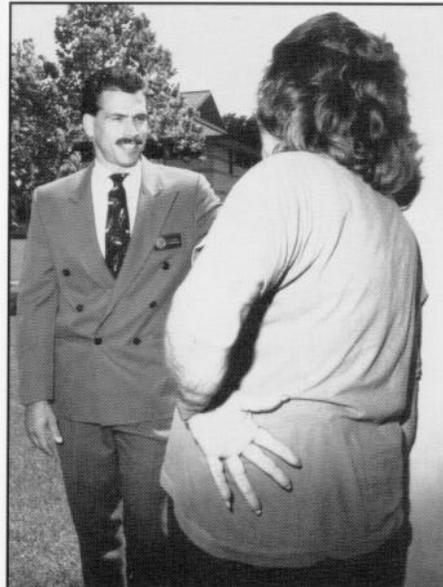
David W. Helman

The reader of this article must surely agree that, on this topic, there is potential for the author to get himself into trouble. Addressing distinctions between the sexes on any issue is usually fraught with controversy, and the management of female versus male inmates is no exception.

I risk antagonizing traditionalists in the corrections business, who argue that “inmate management is inmate management” and that the same administrative principles and practices are required regardless of the population. We all agree that fundamental principles of management guide modern corrections. Nonetheless, others maintain that rigid adherence to standard tenets of management in administering today’s diverse inmate populations can inhibit flexibility and innovation. Proponents of this perspective believe that there must indeed be distinct considerations in managing different segments of our inmate populations—particularly when administering male and female institutions.

We all know prison administrators who hold these divergent views. While maintaining clear distinctions in philosophy and practice, they generally share one set of characteristics—they are experienced, opinionated, and outspoken. Thus, the author’s dilemma.

I weighed both perspectives before committing thoughts to paper. As it turns out, I think both viewpoints are right. Each has merit; combined, they shape much of today’s thinking in correctional management.



Basic principles of management ensure that there will be “constants” in how inmates are treated. Here, Randy Ream, Camp Superintendent, Marianna, Florida, makes his daily rounds.

This may strike the reader as a “safe harbor.” Before being critical, however, I ask the reader to glance again at the title of the article. In what follows I trust there will be due consideration for both “constants and contrasts” in managing men and women committed to our care.

Principles past and present

Correctional practice has gradually evolved through this century to its current state in which fundamental principles guide practices in managing inmates. Such was not always the case. In the past, practices in dealing with inmates were glaringly disparate among individual prisons, correctional systems, and governing jurisdictions. Wardens could often act with autonomy—in some cases impunity—in day-to-day inmate management. The lore of correctional history is laden with tales of autocratic rule—accounts that have often been embellished to attract the moviegoing

public. Nonetheless, the record shows that prison officials of the past had substantial latitude to make up the rules as they went along.

This situation surely dismayed the benevolent civil servant, who felt that doing a good job meant treating inmates decently and with impartiality. The absence of some basic principles of management usually left him or her to the changing political and philosophic whims of a superior, the legacy of a predecessor—or to simply do whatever he or she wanted.

The big loser was, of course, the inmate. Violations of what we now consider basic civil and human rights were so numerous that many civil servants turned activist reformers and were joined by concerned citizens from various walks of life to help bring about change in the corrections system.

Central to the evolution of this system was the gradual implementation of a feature critical to the success of all modern organizations—basic principles of management to which organizational policy and culture required administrators to adhere. This ensured that there would be guiding principles to help prison administrators manage—and “constants” in how inmates were treated.

The constants

At no time has the diversity of our nationwide prison population been as great as today. This diversity takes the form of increasingly varied cultural, racial, and ethnic demographics, changing offense behaviors and security requirements, expanding health care needs, and a rate of incarceration of women greater than that of men.

Despite these factors, prison administrators are today attempting to apply constant principles to daily management, regardless of the populations they serve. Many such principles are common to all successful organizations, public or private, human services or industry. All such principles, albeit broad in scope, have direct impact on inmate management practices.

Foremost among modern organizational principles is the need for a continuity of mission that is understood by all employees. A healthy system of communication both up and down the hierarchy is critical in support of the mission. It is essential that a sense of pride and professionalism combine with a qualified workforce that is well trained. Employees must have opportunities for career advancement and their leaders must have integrity.

Additional management principles are emerging as constants to join those already mentioned. These include the importance of long-term planning and the use of up-to-date information systems in evaluating programs and developing planning strategies. Participatory management continues to gain favor with employees, and broader contacts with community officials, media representatives, and the general public are considered to be of great benefit. Not surprisingly, promoting an understanding of the agency mission is being linked to its past; accordingly, we are seeing increased attention to the history and culture of corrections.

Finally, there are constants that most directly affect our management of inmates and form the core of training programs: sound institution security; individualized classification; adequate



Culture, race, ethnicity, and religious belief must all be taken into account when making management decisions. Here, Islamic inmates prepare for prayer at the Federal Medical Center, Lexington, Kentucky.

staffing; an inmate discipline program based on due process, fairness, and impartiality; and high standards of sanitation and safety. Equally high standards must be maintained in such critical care areas as food services, health care, and chaplaincy programs. The constant that demands increased attention in times of continuing crowding is the constructive involvement of inmates in institution programs. Skill development through meaningful work activities, education, recreation, and counseling programs are central.

Affirmation of these constants of correctional management occurs on several fronts. Legislative initiatives, judicial review, and sound written policies help establish these basics, while the increased prominence of professional organizations such as the American Correctional Association helps ensure ongoing attention to and focus on issues in corrections. The successful efforts of the Commission on Accreditation for

Corrections to establish nationwide management standards are a hallmark in the profession's history. With the Bureau of Prisons, as in many State and local agencies, strategic planning centers on the constants of sound management.

The contrasts

To explore the contrasting management variables in administering female as opposed to male inmates, we must return to the issue of population diversity. With the constants as our baseline, there must be appreciation of the diverse character of our populations when making management decisions. Culture, race, ethnicity, religious belief, social history, and gender must all be taken into account. At times, these variables can affect how we employ the constants. The ability to understand and adapt to this distinction is arguably critical to the effectiveness of the administrator who moves from one setting to another.

To address what I consider to be several notable contrasts, I draw primarily on my work at the Federal Prison Camp in Alderson, West Virginia. During my tenure there the institution was known as the Federal Reformatory for Women and later as a Federal Correctional Institution; in its early years the facility was named the Federal Industrial Institution for Women. From the opening in 1927 through today, Alderson has had as its mission the care and custody of female offenders. Alderson's history is rich and its contributions to corrections and Bureau of Prisons culture are many. Several Alderson administrators have been among the most principled and dedicated professionals that corrections has known.

Foremost among the contrasts is the role Alderson and institutions like it have played in managing inmates through custody and security. As a general principle, the least amount of “hardware” deemed necessary is used in managing inmates. Rather, the first line of defense has been emphasis on a safe, productive “prison community” environment, with reliance on healthy staff-inmate relationships as a primary means of supervision.

Remote location is a factor in security (although in its early years, when rail operations were more efficient, Alderson was not considered as remote as it is today). It can be argued that female inmates respond to the remoteness differently than males. With regard to propensity for escape, there appears to be greater intimidation due to the foreign surroundings, a tendency to form ties—not always healthy—within the prison community that deter interest in escape, and less external support for escape attempts.

These factors are certainly of less relevance with male inmates. Yet we have all too often seen efforts to apply traditional male inmate security standards to female populations. Rarely does the newly assigned Alderson captain, usually male and with limited experience with female inmates, not experience considerable discomfort in viewing the security features—or lack of them, before Alderson became a minimum-security camp in 1990—at such an institution. It would be difficult to tabulate how often proposals have been advanced for double fences, secured cottages, high mast lighting, and pass systems—usually not based on need but on what the proposing official has become accustomed to in male institutions.



Physican Assistant Jim Harvey checks blood counts on a DT60 analyzer at the Federal Prison Camp, Alderson, West Virginia.

This perspective does not alter the importance of security and control as a correctional “constant”; Alderson’s history of managing some of the Bureau’s most difficult offenders bears this out. It does affirm that application of the constant should require thoughtful consideration of the distinctions between the male and female response to incarceration.

A second distinction rests in the varying “dependency response” of the sexes when incarcerated. As we know, the male response is *generally*—I emphasize “generally”—guided by the “do your own time” adage, making an effort to manage one’s own affairs and keeping a distance from staff. Such is *generally* not the case with the female population. Myriad relationships with fellow inmates and relentless, often pillar-to-post demands on staff can be commonplace. The open physical environment promotes this sort of interaction.

The experienced case manager, having examined hundreds of presentence investigation reports, might suggest a rationale for this condition. Females who make their way to prison have been socialized more toward dependent relationships, as opposed to life activities that promote independence. One is likely to find limited work histories and early school dropouts. Meaningful job training is unlikely, health care neglected, and the self-discipline that derives from military experience much less common. Histories of abuse of various forms at all ages are not exaggerated; high levels of dependence on prostitution and drugs are common. The result is that dependencies of varying forms are actually sought out in the prison community to “replace” those the inmate has experienced prior to incarceration.

This has clear implications for the administrator’s application of the constants. In disciplines such as health care, case management, counseling, and psychology services, staffing levels guided by male institution standards may well prove inadequate. In turn, decisions regarding inmate programs and resources can be greatly affected by the female dependency response—which brings us to the next contrast.

The importance of aggressively developing programs that promote community and family ties—particularly with children—cannot be underestimated. One merely has to examine the visiting room rolls to understand who suffers the greater abandonment when incarcerated. Also, single parenting occurs nationwide to a greater extent among women, particularly in the increasing populations of minorities and the disadvantaged.

Without doubt, many women in prison have been ill-suited to parenting. Nonetheless, the nurturing bonds between mother and child more often than not remain strong during incarceration. I am not suggesting that male inmates do not experience a similar response. My point is simply that the sheer numbers of female inmates who have young children awaiting their return, combined with the "dependency response" and abandonment that comes with incarceration, can prove a substantial management concern in the female setting.

The potential impact is clear. Innovation is required to establish programs that promote successful adjustment on release by strengthening family relationships. With visitors often traveling great distances to the few women's prisons, expanded visiting room hours, child care programs, and innovative procedures are called for. Telephone programs take on added importance, as do parenting classes, counseling services, and chaplaincy programs.

Furlough programs have proven critical to fostering family ties and release planning for appropriate inmates nearing release. However, furloughs are less used today, even in cases where they may well be indicated—again, probably a management response transferred from male inmates to the female population.

Two additional institution operations in which contrasts exist are medical and mental health care programs and commissary operations. With regard to these key correctional functions, the incoming administrator's motto must be, "Be Flexible!" While the constants of providing high-quality medical and mental health care remain the same,

their day-to-day application can differ in female institutions as the administrator faces several realities. Sick calls will be longer, physical and mental health concerns more frequent, the need for specialized medical care in the community more common, and histories of medical and dental neglect more chronic.

Likewise, commissary operations will baffle the newcomer to women's prisons. In light of constants developed to control male inmates' personal property, the volume and nature of items stocked in the women's commissary can indeed be troubling. Cosmetic and personal hygiene items usually provoke the greatest anxiety for the security-minded traditionalist. While strict oversight is needed to limit the proliferation of items on the shelves, the male guidelines are not likely to prove suitable for control in the female setting.

Applying the "constants"

I have presented several correctional management issues involving contrasts between female and male institutions, in the context of the clear "constants"—proven principles and practices—of managing all correctional institutions. For the administrator, it is important to acknowledge that distinctions between female and male populations do exist. Appreciation of these distinctions can have a significant effect on the manner in which these constants are applied in the correctional environment. ■

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by the team leader) through interdisciplinary contributions to the treatment plan. While this model is common, it depends upon the availability of staff and the patient's needs. The use of other health care professionals to manage treatment planning and intervention may represent a better use of resources.

A holistic, health-oriented model is the framework that guides the delivery of health services to pregnant inmates in Federal correctional facilities. The coordinator for maternity health services supervises the activities of staff physicians, consulting physicians, physician assistants, social workers, and nurses. Referral to specialized services is performed as required by the patient's needs and institutional policy.

The patient is an integral part of the treatment team's setting of health care goals and determination of treatment plans. When a patient is allowed to work with the medical team in setting goals, compliance with treatment is likely to be greater. ■

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The Cycle

From victim to victimizer

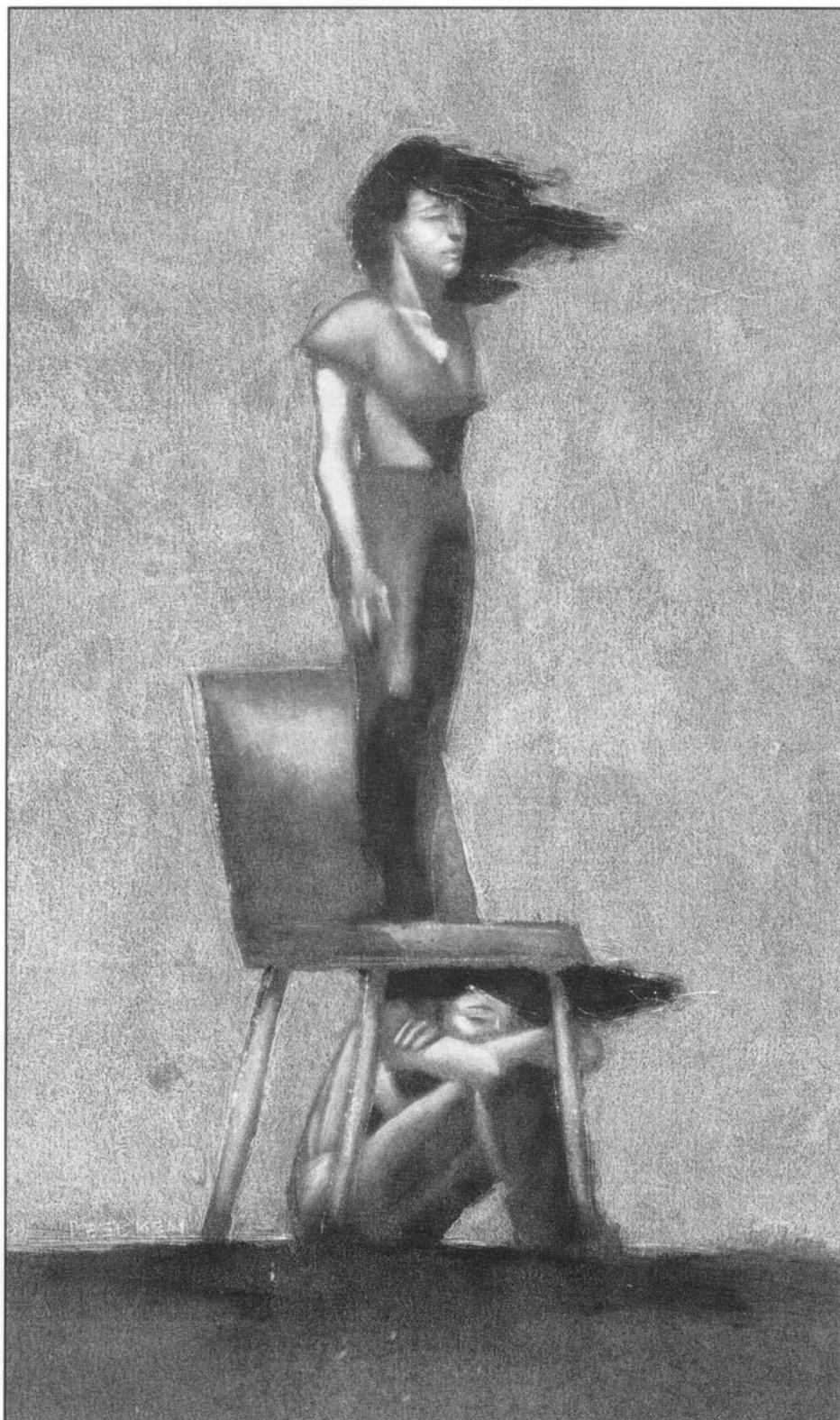
Crista Brett

While journalists chronicle acts of violence on an unprecedented scale—in our homes and on our city streets—the criminal justice system struggles with an ever-increasing number of inmates, raising concern about the increasing potential for violence in law enforcement and correctional settings.

Many inmates have been victims of violence, before and during their victimizations of others. Understanding the violence cycle in families helps us deal more effectively with the mental health and socialization needs of inmates. Addressing the cycle of victimization is especially important when it comes to women.

In early 1991, a number of Federal Bureau of Prisons officials who work with women came together to discuss issues affecting the female offender. One important issue was the effect of victimization on women. It has been suggested that, worldwide, more women and children are killed or injured each year as a result of domestic violence than any other cause (such as disease, accident, or war). Recent statistics demonstrate that reported cases of serious child abuse have increased by 35 percent, and death from child abuse has increased in many States (Hackett et al., 1988). It is estimated that America's police spend almost a third of their time responding to domestic violence calls (Freeman, 1979).

Every 18 seconds a woman is beaten in the U.S. It is estimated that 6 out of every 10 women have been abused at some point in their lives. Each year, about



Tim Teebken

4,000 women are killed due to domestic violence. One-third of all women who leave an abusive relationship will be assaulted again by their abusive partner (Kaufman and Zigler, 1987). Many female inmates have been victims of domestic abuse as adults, and have witnessed spousal abuse as children. In one study of children who murder, more than 75 percent had been exposed to violence and abuse, especially sexual abuse during childhood (Lewis et al., 1985). Child abuse and neglect are thought to be on the increase due to drug abuse (Hackett et al., 1988). Drug abuse by parental figures is likewise thought to be a factor in the disinhibition of violence in the family and neglectful behavior (Gropper, 1984). For every reported case of child abuse, it is estimated that as many as 10 go unreported (Wolock and Horowitz, 1984).

Many inmates have abuse in their backgrounds. In a study of women inmates who were given prison terms for killing their children, each had a history of severe rejection, neglect, or abuse. Many inmates with a history of severe alcohol abuse reported receiving little parental affection and remember being seriously punished. They also reported severe parental conflict in their families of origin (Gayford, 1975).

Some of the psychological effects of long-term spousal and child abuse are similar to the effects of being taken hostage. A very strong bond is created between victim and victimizer—so strong that hostages have tried to stay with their hostagetakers after the terms of release have been negotiated, and abused children and wives have lied about their injuries to protect their abusers (Dutton and Painter, 1981). Researchers have

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suggested that memories of a traumatic situation are “burned in” more deeply and affect behavior more directly than memories developed under normal circumstances. This may help explain the strength of a victim’s emotional response—even though it seemingly defies logic. This bond has been labeled the “Stockholm syndrome” in hostage events, and “traumatic bonding” when discussing spousal or child abuse (Van der Kolk, 1989).

The cycle of violence

Lenore Walker (1980) has described a cycle of violence in families—a tension-building phase, an explosive battering phase, and a calm and loving phase that some call the “honeymoon phase.” Any abuser tends to give intermittent reinforcement to the victim. Sometimes the abuser may be kind and rewarding to the victim, and other times may attack. (A positive reward may be something as simple as allowing the victim to live.)

This system of reward and punishment is similar to the experience of gambling. Slot machines use the principle of intermittent reinforcement, where a person pulls the arm and is either rewarded with money or punished with no money. A person can develop all kinds of ideas about this process. They can believe that a certain slot machine is lucky or “hot.” They can believe that a reward will surely come on a specific time or day, or that God will grant them the money for good behavior. These belief systems help people convince themselves that they are in control of a chance phenomenon, even though they aren’t. Once the behavior is learned, it is difficult to extinguish—the chance of winning is always there. If they don’t win on the first or second pull, maybe they will on the 15th.

Women in a battering relationship attempt to keep it in the honeymoon phase—behaving in ways that will be rewarded and avoiding behavior that will be punished. Many times, however, the punishments and rewards are not linked to behavior, even though the victim may choose to believe they are. Victims may develop inferences about the victimizer’s behavior in an attempt to feel in control. These inferences can have “magical” or superstitious qualities, and have little to do with the victimizer’s actual behavior. Many victims work to read every mood of the victimizer in an attempt to avert punishment. Women and children who have been abused tend to be acutely aware of other people’s thoughts and feelings and unaware of their own thoughts and feelings. They have learned over time that survival depends on pleasing others.

When an individual is victimized, she begins to lose any sense of self-efficacy in the abusive situation. This loss carries over to other situations. Many abused women believe they are helpless to escape or unworthy of escaping, and think they have no value to other people (Dutton and Painter, 1981). Some believe that their faults cause the abuse, not the abuser's faults.

Reliving victimization

Traumatic events can be reenacted in many ways. Individuals may experience nightmares and intrusive memories of the traumatic event. They may avoid places, events, or people who remind them of a traumatic occurrence. People may also deliberately reenact traumas in an attempt to master them; such reenactments can take the form of harm to others, harm to self, or revictimization. For example, if a man was sexually molested as a young boy, he may sexually molest other young boys when he reaches maturity. In this way, he gains control over a frightening event by being the perpetrator instead of the victim (Van der Kolk, 1989).

Rape victims have been known to walk in dangerous parts of town in an attempt to provoke another attack. They unconsciously hope to prevail in this attack so they won't continue to feel victimized. Women who have been victims of violence tend to reenact their abuse as victims; men who were victims tend to reenact their abuse as victimizers. Many prostitutes have histories of sexual molestation as children, and prostitution appears to be a behavioral reenactment of that molestation. Unfortunately, the woman is never able to master the trauma and it repeats itself over and over.



Education and therapy are proven tools in the care of traumatic stress reactions. Here, volunteer Gloria Martin conducts a domestic violence workshop at the Federal Prison Camp, Alderson, West Virginia.

Bessel van der Kolk (1989) described some physiological changes that can occur in victims of trauma. When an individual has been traumatized, she tends to experience chronic physiological hyperarousal. Behaviorally, victims demonstrate deficits in learning novel behavior, may experience chronic subjective stress, and may have increased tumor genesis and immunosuppression. Chemicals in the brain, such as serotonin, norepinephrine, and endorphins, may be unbalanced as a result of hyperarousal.

Research with animals and humans has shown that when an organism is overly aroused it will persevere in familiar behavior even when the familiar is self-destructive. If you put an animal in a cage with no means of escape and shock it, it will probably cower in a corner. If you repeat this procedure numerous times, then open the cage door, chances are the animal will remain in the corner. This unwillingness to attempt new

behavior has been labeled "learned helplessness." It is easy to see how, when a person has lived in a situation of chronic abuse, the motivation to avoid rearing conflict may become so great that she will choose a course of action without thinking through the consequences.

Hyperarousal can also have a paradoxical effect. Occasionally people (and animals too) will become "addicted" to stress and seek greater and greater levels of stress to obtain release. High levels of stress tend to activate natural opioids called endorphins—probably most familiar as the substance causing the so-called "runners' high." Once a person has adapted to one level of stress, she or he must seek a greater level of stress to get the same endorphin high. This theory has been applied to people who self-mutilate, using the reasoning that mutilating one's

body increases the level of stress, and endorphins would thus be released. To test this theory, researchers blocked the opioid receptors in the brains of subjects. The result was a reduction in mutilation attempts (van der Kolk, 1989).

The challenge for correctional workers

People who have been victimized tend to view the world more pessimistically. Traumatic bonding is an extremely powerful bond—and highly resistant to change. Abused women often do not have the same freedom or capacity for problemsolving and decisionmaking as women who have never been abused.

Education and therapy are proven tools in the care of traumatic stress reactions. It is important to help abused women inmates work through the traumatic content of their lives, and explore the ways in which they have constricted their thinking and behavior. Staff will need to address issues of suicidal ideation and behavior, revictimization, and intentional harm to others. Many victims believe that the type of attachment behavior they have experienced—the only type of bonding to which they have been exposed—is love. They need to be given the tools to form less violent, more stable relationships in the future.

Working with inmates who have family histories of abuse is paramount—they will be the caretakers of the next generation. Victims need to be educated about the effects of violence on their offspring; they cannot be expected to be good parents without the proper tools. Many of these women have never had proper child care models; the type of parenting they have seen and experienced is often extremely destructive.

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Many victims have learned that violent confrontation is the way to win an argument. They need to be given skills to solve confrontation without violence. It would also be helpful to educate women about chronic hyperarousal and give them tools such as biofeedback to monitor their progress. Ultimately, they must come to understand what constitutes a healthy relationship, rather than simply moving from one battering relationship to another.

The choices we make now in corrections will affect the coming generations. It would be good to know that knowledge about the effects of domestic violence was put to work, and that we who work with female inmates may have contributed to a few more children and a few more women achieving stable, loving relationships. ■

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